ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO

The Education Committee

OF THE

NOTTS. COUNTY COUNCIL,

FOR THE YEAR 1923.

BY

THOMAS E. HOLMES, M.A., M.D., B.C. (Cantab.),
D.P.H. (R.C.S.)

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1924.

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To the Education Committee

of the

Notts. County Council.

ANNUAL REPORT, 1923.

PUBLIC HEALTH DEPARTMENT,
THE SHIRE HALL,
NOTTINGHAM,

April, 1924.

GENTLEMEN,

I beg to present the Annual Report of the County School Medical Service for the year 1923.

The retirement of Dr. Handford on December 31st, 1923, unfortunately on the grounds of increasing ill-health, has necessitated some re-arrangement, and I have asked the Senior Assistant School Medical Officer, Dr. A. C. Tibbits, who is engaged in the actual work of inspection, to write the detailed account. Mr. Westlake is again responsible for the dental portion.

Dr. Handford's successor having not yet been appointed the duty devolves on me of presenting the report as a whole.

The number of children on the registers was 49,882 and the average attendance 44,492.

Although no new schemes have been inaugurated during the year under review, much solid ground work has been accomplished. The staff has been increased by the appointment in June, 1923, of Miss E. M. McGregor, M.B., who thus to some extent replaces Dr. Edith Goodrich. who resigned in April, 1922.

Dr. McGregor's duties are divided equally between the Education and the Maternity and Child Welfare Committees. On the other hand both Dr. Tibbits and Dr. Pinson were granted leave of absence in the afternoons during the months of June to November, 1923 (excluding August), to enable them to take the practical courses in Nottingham, for the Diploma in Public Health. Dr. Tibbits was successful at the examination in November, 1923, held at Oxford, and Dr. Pinson proposes to sit for the same examination in June of this year.

The net result has been a decrease of only 2,086 in the total number of examinations.

Every one of the 321 departments have been visited by the School Doctors, and twenty have been visited twice.

The year's work has been carried through on the basis of rather less than two and a half full time Medical Officers.

The Nursing Staff comprises 10 whole-time and 1 part-time nurses; there have been several changes, due in some instances to the long distances necessary to be covered by bicycle, and some re-arrangement of the whole of the County Nursing Service is under consideration at the present time.

Several encouraging increases in the work accomplished are to be noted as follows:—

(1) The number of Special Cases examined has risen from 2,189 in 1922 to 2,542 in 1923—the majority of these cases demand and are worthy of stringent examination.

(2) The number of pupils examined in the Secondary Schools has been nearly doubled.

(3) The number of eye examinations (refractions) has increased from 892 in 1922 to 1,078 in 1923.

(4) An increase of 1,075 in the number of defects treated during the year.

Dr. McGregor has examined all the girls in the Secondary Schools, the female pupil teacher candidates, many of the older girls in the Upper Standard Schools, and has visited several of the smaller schools in the course of routine medical inspection.

Each member of the staff is allotted a district, and they are located as follows:—

Dr. Tibbits, Cotgrave	Dr. McGregor, Nottingham
Dr. Pinson, Edwinstowe	Mr. Westlake, ,,
Dr. Seacome, Retford	Mr. Brigham, Worksop.

On economic grounds it has not been possible to extend school medical services. At Worksop the Infant Welfare premises rented from the Urban District Council were further utilised to include the treatment of minor ailments, but on the other hand the school clinic at Southwell was discontinued in March, 1923.

Further extension of school clinics in the more populous areas is much needed, and facilities for more frequent attendance at those already established.

The whole question of the education of the dull and backward child, very graphically described by Dr. Tibbits, is also pressing; and the establishment of open-air schools—long advocated in these reports and in those of the Chief School Medical Officer of the Board of Education—is a matter calling for serious consideration. The cost of an open-air shed to accommodate 20 to 30 children in the urban areas between Nottingham, Mansfield and Worksop would not be excessive, and would undoubtedly do much good.

Another matter deserving the attention of the Education Committee is an improvement in the standard of physical training given in the elementary schools: this I am afraid would involve the appointment of a whole time expert instructor in physical exercises.

Turning to Dentistry the figures for the year compare favourably with 1922, but the outstanding feature has been the very high proportion (60 to 70%) of refusals to accept, for the very nominal fee of 1/-, treatment by the dental surgeons, whose conservative work is of a very high order. The practice hitherto of inspecting the 6 to 8 year old children and continuing this throughout each child's school life, irrespective of the parents'

refusal or acceptance of treatment, will now be modified and from 1st April, 1924, the children of parents who refuse treatment for two successive years will not be re-inspected in subsequent years.

It is difficult to explain the apathy of parents in this connection and although the charge of 1/- may have a deterring effect it is inconceivable that it is really the deciding factor. Until more home visiting and "following up" by the school nurses is possible, little improvement can be expected, but here again some increase in the nursing staff would have to be considered.

I am glad to see that better accommodation in the large schools of single storey type now proposed for the new colliery developments in the North of the County, is being provided for medical and dental needs, and sincerely hope that it will be possible in future plans for still more consideration.

The health of the medical and nursing staff generally has been excellent and I am pleased to say that they have worked loyally and with a genuine desire to make the school medical service as efficient as possible.

I am, Gentlemen,

Your obedient Servant,

T. E. HOLMES.

MEDICAL INSPECTION REPORT

BY

CHRISTOPHER TIBBITS, M.R.C.S., &c., D.P.H. (Oxon).

I have written this Report from the point of view of the Medical Officer daily carrying out the actual duties amongst parents, teachers, and children, deeply imbued with the certainty that real good is being accomplished.

Where I have criticised I have tried to do so constructively, only pointing out a weakness where I can, in some measure, discern a remedy.

The question of Staff is of more than passing interest, and I plead your indulgence for a few lines that I may in some measure picture for you a few sidelights on the qualities and characteristics demanded of a School Medical Officer.

Those of us who have been in the School Medical Service for many years can hardly forget the time when the office of School Medical Officer was held in definite reproach; when many of our own profession had serious qualms as to our utility; when we entered schools almost on sufferance, and when it was an unmixed pleasure to meet a parent who did not resent our well-meant efforts to help her and her child.

To-day our Service is established in the public goodwill.

100% attendances of parents are not unknown; many cases are brought to us at the parent's own request, and, most gratifying, our fellow practitioners not uncommonly refer cases to us and are, in most districts, pleased to co-operate in a common cause.

So much definitely good. It must not be thought, however, that the post of School Medical Officer is now a sinecure, a position successfully tenable by anyone possessing medical qualifications. There is a tendency still in some quarters to regard the office as not worthy of the attention of the first-class man. We have all been asked at some time or other "How soon shall you be starting as a proper doctor?" and similar naive queries. And even intelligent people regard the position as probationary to general practice or other exalted sphere.

This view of our service is undesirable and undeserved. The work is worthy of the best abilities, and demands definite qualities.

Our light is gradually leaving the bushel and our service rising in the public regard, but if the right type of medical officer is to be obtained *and retained*, the service must be progressive, enthusiastic, and offer such honourable scope for career as any other sphere of professional work.

I believe that the school doctor must be an essentially sound practitioner, interested in children as children (not merely as patients), with a strong flair for disarming antagonisms and a fund of common tact.

His work is monotonous unless backgrounded by enthusiasms, some special line of investigation, or some specific interest.

Sir George Newman says: "I would say that no scientific man or woman engaged in the medical examination of thousands of children should be other than an investigator. The spirit of research and enquiry should be alive and active, it should be encouraged by the authorities, and it should inspire the necessary routine work with high purposes and scientific observation."

Again, in several directions the School Doctor must be a specialist, notably in refraction work for visual defects, the specialised examination of mentally deficient children, and always in diseases peculiar to children.

He works commonly under conditions of noise and interference such as would try the most patient, sometimes indeed in absolute discomfort, yet he must maintain an equanimity as great at the end of the day as he displayed in the fresh of the morning, must give as minute attention to child number forty as he gave to child number one.

Such are some of the qualities demanded of your School Medical Officers.

PERSONNEL OF STAFF.

1. There has been only one change in the Medical Staff, Dr. E. C. McGregor taking up her duties on 1st June as half-time Assistant School Medical Officer.

Several changes have occurred in the Nursing Staff, which are indicated in the list of staff here given.

STAFF OF THE SCHOOL MEDICAL SERVICE ON 31st DECEMBER, 1923.

Chief School Medical Officer—

Henry Handford, M.D.(Edin.), F.R.C.P.(Lond.), D.P.H.(Camb.), retired 31st December, 1923.

School Medical Officer—

Thomas E. Holmes, M.A., M.D., B.C.(Cantab.), D.P.H.(R.C.S.).

Assistant School Medical Officers—

A. Christopher Tibbits, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H. (Oxon).

R. Fearle Pinson, M.R.C.S.(Eng.) L.R.C.P.(Lond).

Miss E. C. McGregor, M.B., Ch.B.(Glas.), D.P.H.(Lond.).

Assistant School Medical Officer and Assistant Tuberculosis Officer—

A. F. Seacome, L.R.C.S., L.R.C.P.(Edin.), L.F.P.S.(Glas.), D.P.H., Liverpool.

School Dental Surgeons—

B. B Westlake, L.R.C.S., L.R.C.P.(Edin.), L.R.F.P.S.(Glas.), L.D.S., R.C.S.(Edin.).

G. H. Brigham, L.D.S., R.C.S.(Edin.).

School Nurses—

Miss E. R. Bennett, C.M.B., three years' Nursing Certificate, Superintendent.

Miss Barker, three years' Nursing Certificate.

Miss Collier, Cert. for Health Visitor, and School Nurse R.S.I.

Miss B. Pearson, three years' Nursing Certificate and Certificate for School Nursing, Child Welfare and Tuberculosis Health Visiting.

Miss M. Hall, C.M.B., three years' Nursing Certificate. (One-third time School Work, two-thirds time Infant Welfare Work.)

*Miss Creasey, C.M.B., three years' Nursing Certificate.

*Miss Anderson, C.M.B., three years' Nursing Certificate.

*Miss V. Cocks, C.M.B., three years' Nursing Certificate.

*Miss Jepson, C.M.B., three years' Nursing Certificate.

Dental Nurses—

Miss Burke, three years' Nursing Certificate.

*Miss G. Smith, three years' Nursing Certificate.

* New appointments in the year.

CLERKS.

Miss Lucy Page.

Miss Olive Brack.

During the year the following members of the Nursing Staff resigned or were transferred to another department:—

Miss Kirk, transferred to Maternity and Child Welfare Department, 1st October, 1923.

Miss Horsley, resigned 10th October, 1923.

Miss Chivers, resigned 31st March, 1923.

Miss Mary A. Hall, resigned 28th February, 1923.

Miss Brown, resigned 27th August, 1923.

It is with deep regret that I record the death of Miss Jollands on September 24th, 1923. Owing to ill-health she ceased work on November 27th, 1922, being granted long leave in the hope that a full recovery might follow.

Unfortunately she never gained strength, and, in her passing, your Committee lost a conscientious officer of unassuming but sterling personality.

The Statistical Tables I, II (A. & B.), III and IV (1, 2, 3, 4, 5) are in the form called for by the Board in a circular dated as recently as December 27th, 1923.

Their compilation (involving a considerable remodelling of forms up to then in use) was only rendered possible by the willing co-operation of the clerical staff, owing to whose efforts the amended statistics were ready, checked and dispatched before the date called for by the Board.

CO-ORDINATION.

2. There is active co-ordination between the branches of the Public Health Service. The School Medical Officers freely use the facilities for diagnosis and treatment afforded by the Tuberculosis Department. The Tuberculosis Officer furnishes a written report on each case submitted by a School Medical Officer, and this report is recorded on the child's medical inspection card, thus becoming available for use by the School Medical Officer at the next medical inspection.

The School Medical Officers appreciate the value and completeness of these reports, and clearly the arrangement is towards efficiency and accuracy.

The Venereal Diseases Department is similarly in touch with the School Medical Service, though, of course, not nearly so frequently of direct service.

There is definite liaison between the Maternity and Child Welfare Service and the School Medical Department. The Health Visitors do real service in bringing to our notice cases of squint in the pre-school child, and in assisting to break down parental prejudice against the wearing of glasses at this tender age.

Cases of crippling and serious defect are passed under our care as the child reaches school age, and the documents of all pre-school children are handed over to our department for filing with the School Medical Documents of each child as it attains school years. Close co-operation is here greatly assisted by the fact that School Clinics and Welfare Centres share the same buildings with resultant friendliness of personnel.

In times of epidemic infectious disease the Public Health Service is assisted in every way by our Medical and Nursing Staff, both for "spotting" early cases and following up contacts.

During the recent small pox outbreaks the School Nurses have been actively employed in affected districts in rigorously watching schools daily for suspects and incipient conditions.

School Nurses and Health Visitors also co-operate by reporting any remediable insanitary conditions which come to their notice when home visiting.

There is a certain co-ordination between the School Attendance Department and the School Medical Service, in that chronic absentees are submitted for medical examination by a School Medical Officer when possible, except where the Attendance Officer is provided with proper medical testimony of unfitness. However, this arrangement is spasmodic rather than systematic, and I think by mutual arrangement the two departments could work in closer efficiency.

In scattered rural districts it is not often possible for the Attendance Officer to submit cases to the School Medical Officer owing to the latter's rare visits, though even here more might be done by the School Medical Officer making calls at places he is passing through *en route* to his day's appointment, but in the populous areas, especially those having clinics, there is frequent opportunity to utilise the Medical Officers' services on behalf of the Attendance Department.

The Attendance Department is notified formally of all "delicate" children. The expression "delicate" has a special significance in relation to the question of attendance.

Attendance Officers sometimes fail to appreciate the necessity for what might be called the "ambulant absentee." They are perhaps inclined to press for the attendance of children seen at play in the open air, whereas this fresh air freedom is the very essence of the treatment ordered, may be, by the School Medical Officer.

Equally it is of first importance that our services as Doctors should be made the utmost use of to prevent absenteeism.

Nursery Schools.—There are no such schools in this area. At the end of 1922 there were only nine areas which had provided such accommodation recognised by the Board in England and Wales, London being the possessor of 10 out of the total of 24. The Chief Medical Officer to the Board regards this as a pressing question, and now that children under five are not accepted in our public elementary schools (except in very unusual cases) the need for some provision for the child between the ages of two and five is self-evident. Unfortunately such schools are particularly costly owing to small numbers per head of staff, the desirability of avoiding large schools, with resultant congregation of numbers of infants at this age, so susceptible to measles and whooping cough, and the fact that more medical and nursing attention is required than for older children.

Where home conditions are good these tiny children should not be removed from what is and ought to be their proper thriving ground, but in our industrial and more or less slum districts, even in a county area, there are very many whose parents do not or cannot take proper care of them, and whose only playground is the gutter.

The Maternity and Child Welfare Department is undoubtedly helping these children, inculcating parental responsibility, stimulating maternal solicitude and offering practical medical and nursing help. But dark across the way of advance shadows the housing question, and parental negligence cannot be combatted in an atmosphere of overcrowding and insanitation. Some 40% of children reaching school age have some defect which in most cases could have been avoided or ameliorated.

Our present means of supervising and assisting these tiny citizens, at an age when much harm may be averted and much permanent stamina established, are merely the small beginnings on which will inevitably be founded a comprehensive service protecting the child (where necessary) from its earliest infancy progressively through the years to sound maturity.

Under present financial restrictions it is optimistic indeed to visualise the opening of Nursery Schools in the area, yet it is well to bear all the needs in mind, that the balance may be wisely held and the scant funds available expended where they will yield most return.

3. **School Hygiene.** Your Medical Officers have maintained a scrutiny of the sanitary condition of school premises. The broad view has been taken, and matters have been allowed to pass which in times of normal values would have called for rectification.

There are many privies still in use, unsatisfactory playgrounds, inefficient heating and ventilation, unsuitable and rickety school furniture. (I was in a school in January in which not a single room had a temperature of over 50° at the end of the day with the rooms occupied, a modern school with central heating.)

The cloakroom accommodation of many rural schools is unsatisfactory. Porch-cloakrooms, cramped and unheated, predominate.

Washing accommodation of some sort is usually present, but in rural schools it is often rudimentary or temporary, more often its use honoured in the breach. Too often is seen a filthily dirty towel hanging over a notably empty soap dish, an object lesson in direct negation of the just delivered discourse in hygiene.

There are a few schools with no drinking water supply actually on the premises.

The cleansing and maintenance of schools has improved of recent years, frequently due, I think, to the efforts of the Superintendent of Caretakers, who is indefatigable.

There are occasional examples of improperly cleansed schools. Fault here is utterly inadmissable, and everyone connected with schools should maintain an alert and active interest in their condition.

On one occasion one of your medical officers found it necessary to report on the dirty condition of a classroom, the very room he was using for Medical Inspection, noted on more than one occasion. The Managers were supplied with his report and replied laconically that they "are, however, quite satisfied that the school caretaker does his work in a satisfactory manner"!

The following improvements to School Premises have been carried out in the year.

COUNCIL SCHOOLS.

Annesley Council	Public water supply laid on; new lavatory basins provided.
Arnold-Daybrook Council ...	New entrances on side road.
Averham Council	Heating apparatus provided.
Beeston, Nether Street Boys' and Girls'	Removal of sloping floors in class rooms.
Beeston, Nether Street Infants' ...	Removal of gallery. Heating apparatus remodelled.
Bestwood Park Council ...	Installation of heating apparatus and new heating chamber.
Netherfield, Chandos Street Council	New heating chamber, alterations to Teachers' Room, re-organisation of heating apparatus.
Eastwood Boys' Council ...	Additional radiators.
East Leake Council	Installation of heating apparatus and new heating chamber.
Greasley, Gilt Hill Mixed Council	New dormer window.
Greasley, Beauvale Boys' Council	Enlargement of cloakroom.
Kimberley Council	New lavatory basins and additional radiator.
Kirkby-in-Ashfield, Church Street Council	Hopper ventilators in windows.
Mansfield Woodhouse, Forest Town Council	Barriers at entrance gates.
Sutton-in-Ashfield, Hardwick Street Council	New window frames and hopper ventilators in windows of Girls' and Infants' Departments.
Sutton-in-Ashfield, Mansfield Road Boys' and Girls' Council ...	Provision of dormer window in one room of each department.
Sutton-in-Ashfield, Hillocks Council	Additional out-offices provided.
West Bridgford South Council, Special Subjects Centre ...	Additional window.
West Bridgford South Council ...	Additional radiator in one cloakroom.
Willoughby-on-the-Wolds Council	New window, new entrance porch to Infants' Room. Installation of heating apparatus.

VOLUNTARY SCHOOL.

Cotgrave Church	Provision of eight hopper ventilators.

(4) MEDICAL INSPECTION.

Table I.—RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.

Number of Code Group Inspections—	
Entrants	3,905
Intermediates	3,060
Leavers	3,945
Total	10,910
Number of other Routine Inspections ...	Nil.

B. Other Inspections.

Number of Special Inspections	2,542
Number of Re-inspections ...	86
Total	2,628

(a) **Age Groups of Children Inspected.**

Routine inspection comprises the three Code Groups, "Entrants" (children commencing school life), "Intermediates" (aged 8 to 9); and "Leavers" (aged over 12 years); and Special Cases brought forward for some known or suspected defect, by teachers, parents or school nurses.

All children found with a defect requiring treatment or observation are brought forward at each succeeding inspection until the defect is cured or treated as far as possible. For statistical purposes these are also recorded as "Specials."

13,538 children were inspected in the period, 2,628 special cases being dealt with as well as those falling in the three code groups. Of the 2,628 "Specials," 86 were examined more than once during the year.

From the subjoined Table (Ia) it will be seen that 2,929 fewer children have been examined than in 1922, but this fall has been explained in the School Medical Officer's introductory remarks.

A total of nearly 41,000 examinations was made by your Medical and Dental Staff, and 131,466 head examinations by the Nursing Staff, figures which reveal an industry occasionally belittled.

The following Table shows the numbers of children medically examined during the last 16 years:—

TABLE I.A.

Year.	Entrants.	Leavers.	Int'mediate Group.	Total of Entrants Leavers & Intermediate Groups.	Special Cases.	Grand Total.
1908	1667	1124	...	2791	1445	4236
1909	3038	2024	...	5062	3928	8990
1910	4014	2284	...	6296	3931	10229
1911	4751	2332	...	7083	3952	11035
1912	4272	2033	...	6305	3148	9453
1913	5427	4053	...	9480	1555	11035
1914	7646	5799	...	13445	2414	15859
1915	2774	1903	177	4854	1858	6712
1916	...	...	...	...	3485	3485
1917	...	...	...	...	3655	3655
1918	...	...	...	...	3394	3394
1919	6306	4676	5241	16223	1151	17374
1920	9186	5114	4649	18949	3204	22153
1921	6352	6110	5125	17587	3799	21386
1922	4785	4755	3809	13349	3118	16467
1923	3905	3945	3060	10910	*2628	13538

* Including 86 children examined more than once during the year.

(b) The Schedule of Examination formulated by the Board is always observed and often exceeded.

(c) **The early ascertainment of crippling defects.**
This is an urgent question, possibly involving the difference between a useful citizen and a hunchback, an alert pedestrian and a crutch-aided cripple. Prevention here is a hundred

times preferable to deferred problematical cure. Parents, Teachers, Attendance Officers, School and Infant Welfare Medical Officers, Nurses, the Clergy, Social workers, all can help to bring this class of case to early notice. Such of the above agencies as are under control, co-operate by bringing forward cases at the Medical Inspections or Clinics, and cases are visited at their homes occasionally when unable to attend for examination. Undoubtedly many cases evade early ascertainment, but this should be increasingly countered by the activities of the Infant Welfare and Tuberculosis Department.

Parents can do more than all outside agencies by consulting a doctor at the very first signs of deformities, limping, bad gait, delayed walking, weakness, pains, etc., and with all the facilities at the present time available free of cost, parents have little excuse for not obtaining advice.

Facilities for treatment are, on the other hand, often lacking, but this may better be discussed later.

Much serious crippling is to-day preventable and work to this end is economic and obligatory.

(*d*) **Extent to which school arrangements have been disturbed by medical inspection.**

On the very few days per annum per school which are required for Medical Inspection, school arrangements are disturbed to a certain degree. Generally speaking a classroom has to be evacuated and the scholars packed into another room. Teachers' rooms are used where possible, but these are not always suitable and many schools have no such room. Complaints are not vocal but this necessity for reshuffling is not popular.

It would seem desirable in planning new schools to arrange as far as possible for the teachers' rooms to serve the dual purpose, avoiding steep dark staircases, providing good light and above all, reasonable quiet. The addition of an ante-room would be a great asset, as this would avoid the necessity for parents to wait in a classroom, as at present, to the distraction (or delight) of the whole class. Minor equipment, such as lavatory basins and water in each room, and a suitably placed gas or electric bracket for eye testing, occur to one as worth a good deal more than their actual cost.

Table II.

A.—Return of Defects found by Medical Inspection in the Year Ended 31st December, 1923.

Defect or Disease. (1)		Routine Inspections — No. of Defects. Requiring treatment. (2)	Routine Inspections — No. of Defects. Requiring to be kept under observation but not requiring treatment. (3)	Special Inspections. No. of Defects. Requiring treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation but not requiring treatment. (5)
Malnutrition		6	60	2	12
Uncleanliness		1	..	..	..
Skin	Ringworm :—				
	Scalp	5	2	1	2
	Body	4	1	..	..
	Scabies	16	..	2	..
	Impetigo	12	..	1	1
	Other Diseases (non-Tuberculous)	11	1	3	2
Eye	Blepharitis	12	12	1	1
	Conjunctivitis	3	5	1	1
	Keratitis	..	1	..	..
	Corneal Opacities	3	3	..	1
	Defective Vision	661	104	163	24
	Squint	153	13	27	1
	Other Conditions	2	2	..	1
Ear	Defective Hearing	11	27	6	2
	Otitis Media	37	24	9	7
	Other Ear Diseases	12	3	4	..
Nose and Throat	Enlarged Tonsils only	150	206	33	22
	Adenoids only	43	66	11	4
	Enlarged Tonsils and Adenoids	70	62	8	3
	Other Conditions	8	7	2	3
Enlarged Cervical Glands (Non-Tuberculous)		3	42	..	3
Defective Speech		1	9	..	..
Teeth—Dental Diseases		194	6	20	..
Heart and Circulation	Heart Disease :—				
	Organic	2	82	2	9
	Functional	..	10	..	..
	Anaemia	5	33	2	9
Lungs	Bronchitis	17	120	3	19
	Other Non-Tuberculous Diseases	..	69	..	4
Tuberculosis	Pulmonary :—				
	Definite	..	5	1	2
	Suspected	2	29	3	9
	Non-Pulmonary :—				
	Glands	1	5	..	4
	Spine	..	1	..	1
	Hip	1	6	..	5
	Other Bones and Joints	..	6	1	3
	Skin	1	1	..	..
	Other Forms	1	1	..	..
Nervous System	Epilepsy	1	9	..	4
	Chorea	..	6	..	5
	Other Conditions	3	23	1	6
Deformities	Rickets	2	2	..	..
	Spinal Curvature	2	4	..	2
	Other Forms	1	7	1	2
Other Defects and Diseases		34	342	5	62

TABLE II—*continued.*

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children. Inspected. (2)	Number of Children. Found to require treatment. (3)	Percentage of Children found to require treatment. (4)
CODE GROUPS—			
Entrants	3905	369	9·44
Intermediates	3060	359	11·73
Leavers	3945	511	12·95
Total (code groups)	10910	1239	11·35
Other Routine Inspections ..	Nil.	Nil.	Nil.

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
BLIND (including partially Blind)	Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ..	4	3	7
		Attending Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution .	..	1	1
	Suitable for training in a School or Class for the partially Blind	Attending Certified Schools or Classes for the Blind ..	..	..	..
		Attending Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution ..	..	..	..
DEAF (including Deaf and Dumb and partially deaf)	Suitable for training in a School or Class for the totally Deaf or Deaf and Dumb	Attending Certified Schools or Classes for the Deaf ..	14	17	31
		Attending Public Elementary Schools	..	1	1
		At other Institutions	..	..	..
		At no School or Institution ..	..	..	..
	Suitable for training in a School or Class for the partially Deaf	Attending Certified Schools or Classes for the Deaf ..	..	..	..
		Attending Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution ..	..	..	..

TABLE III—*continued.*

			Boys.	Girls.	Total.
MENTALLY DEFECTIVE	Feeble-Minded. (Cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Childr'n	33	2	35
		Attending Public Elementary Schools	22	18	40
		At other Institutions	..	..	..
		At no School or Institution ..	3	1	4
	Notified to the Local Control Authority during the year	Feeble-Minded	..	..	..
		Imbeciles	2	..	2
		Idiots	..	..	..
EPILEPTICS	Suffering from severe Epilepsy	Attending Certified Special Schools for Epileptics ..	1	1	2
		In Institutions other than Certified Special Schools	..	..	..
		Attending Public Elementary Schools	7	4	11
		At no School or Institution ..	3	2	5
	Suffering from Epilepsy which is not severe	Attending Public Elementary Schools	11	2	13
		At no School or Institution ..	..	1	1
PHYSICALLY DEFECTIVE	Infectious Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	9	13	22
		At other Institutions	..	1	1
		At no School or Institution ..	36	47	83
	Non-infectious but active Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	..	..	..
		At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-Air Schools	..	..	..
		At Public Elementary Schools			
		At other Institutions	..	..	..
		At no School or Institution ..	..	..	..
	Delicate Children. (*e.g.*, pre or latent Tuberculosis, Malnutrition, Debility Anaemia, etc.)	At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-Air Schools	..	..	..
		At Public Elementary Schools	214	168	382
		At other Institutions	..	..	..
		At no School or Institution ..	..	..	..
	Active Non-Pulmonary Tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ..	5	4	9
		At Public Elementary Schools	11	15	26
		At other Institutions	..	1	1
		At no School or Institution ..	10	10	20
	Crippled Children (other than those with active tuberculous disease) *e g.* children suffering from Paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools	..	..	..
		At Certified Residential Cripple Schools	..	..	..
		At Certified Day Cripple Schools	..	..	..
		At Public Elementary Schools	67	50	117
		At other Institutions	..	..	..
		At no School or Institution ..	1	5	6

5. **Findings of Medical Inspection: Review of facts disclosed by medical inspection.**

(*a*) **Uncleanliness of Head and Body.** During the year 23,541 primary inspections of girls' hair, and 23,634 of boys' hair were made by the School Nurses, an increase of 1,764 for the former and 2,332 for the latter, over the figures for 1922, a total of 47,175 individually.

The total number of hair examinations was 131,466, a figure representing much uncongenial work.

6,090 girls and 548 boys were found verminous to a greater or lesser degree, showing a percentage of 74·13 girls and 97·7 boys *clean*.

The figure of 74·13% shows a fractional improvement only. Reference to Table IIIA shows an almost continuous record of progress and we have now clearly reached the stage when further progress can only be won with increasing difficulty and perhaps only by new methods or closer co-operation.

Of the 25·87% of girls found verminous 77% show only the very slightest degree of contamination, the very dirty being a mere ·003%.

These results have been obtained without a prosecution for many years, but the point now rises whether it is fair dealing to expose the preponderating number of children who are clean, to the risk of infection by a complacent minority.

It is common ground that the schools are infected by a few persistently dirty families, and stronger action in these cases may be the only means of obtaining further improvement in the general cleanliness.

Body lice are fast becoming extinct in the Nottinghamshire school child. I cannot recall encountering any since 1920. The figures for the year reveal one child only found definitely infected.

TABLE III.A. HAIR EXAMINATION. GIRLS.

Year.	Number examined.	Free from Nits (A.)	Percentage.	Very few Nits (F.)	Percentage.	Few Nits (B)	Percentage.	Many Nits (C)	Percentage.	Very many Nits (D.)	Percentage.
1908	...	...	33·0	...	...	...	...	...	...	...	...
1909	...	..	33·3	...	...	...	...	...	...	...	...
1910	...	...	39·4	...	...	...	...	...	...	...	...
1911	21813	9999	45·8	5558	25·4	5368	24·6	781	3·5	107	0·4
1912	20962	11030	52·4	6098	29·1	3361	16·1	444	2·1	29	0·16
1913	20758	10874	52·6	5761	27·8	3496	16·8	592	2·8	35	0·13
1914	19543	10617	54·3	5831	29·8	2757	14·1	331	1·6	7	0·03
1915	19696	10099	51·2	5880	29·8	3205	16·2	496	2·5	16	0·08
1916	20710	11285	54·4	5679	27·4	3322	16·1	410	2·0	14	0·06
1917	20756	12128	58·4	5297	25·5	2887	13·9	441	2·1	3	0·01
1918	18945	11620	61·3	4402	23·2	2644	13·9	274	1·4	5	0·02
1919	20285	13334	65·7	4936	24·3	1773	8·7	232	1·1	10	0·04
1920	20595	14481	70·3	4876	23·6	1099	5·3	128	0·62	11	0·05
1921	21116	15252	72·2	4501	21·3	1124	5·3	190	0·89	49	0·23
1922	21777	16118	74·01	4561	20.94	1009	4·62	75	0·34	14	0·06
1923	23541	17451	74·13	4723	20·06	1211	5·14	132	0·56	24	0·1

TABLE IV. GROUP 5.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

1.	Average number of visits per School made during the year by the School Nurses	3	
2.	Total number of Examinations of Children in the Schools by School Nurses	75140	of Girls
		56326	of Boys
3.	Number of individual Children found unclean ...	6090	of Girls
		548	of Boys
4.	Number of Children cleansed under arrangements made by the Local Education Authority ...	Nil.	
5.	Number of cases in which legal proceedings were taken:—(*a*) Under the Education Act, 1921	Nil.	
	(*b*) Under School Attendance Bye-Laws	Nil.	

(*b*) **Minor Ailments.**—Under this heading the Board includes skin diseases, minor eye defects (excluding visual defect), minor ear defects (excluding those requiring operation), minor injuries, sores, bruises, chilblains, etc. Table 2A contains the figures for these defects which were found to require treatment. The numbers are small and do not represent the conditions found, but only those which were not in receipt of adequate treatment.

This is a new form of Table II. The expression, "Requiring Treatment" is open to two interpretations—(*a*) Of such a severity as to require treatment irrespective of whether it is already receiving such or not; (*b*) requiring but not already receiving treatment and therefore requiring to be referred for treatment. The Table has been compiled this year, as in previous years, on interpretation (*b*) as the statistics for the year were kept on the basis of the old Table II, which stated "Referred for Treatment" for "Requiring Treatment" in Column 1. Commencing January 1st, 1924, statistics will be kept on interpretation (*a*), which gives far more comprehensive information, and with Dr. Holmes' approval I have drawn up forms and methods to this end, so that a record will be kept of all defects, showing whether they do or do not require treatment, and whether they are or are not having treatment.

(*c*) **Tonsils and Adenoids.** A rather larger percentage of children were found to be suffering from enlarged tonsils, adenoids, or both, than in 1922. 678 were found in 1923, 627 in 1922, and 654 in 1921, giving percentages of 5, 4 and 3·3 respectively of the numbers examined in the year. The percentage of these cases referred for operation was in 1923 46·4, in 1922 52·3, and in 1921 55.0, a steady decline which is an expression of a growing tendency to treat the less severe cases by methods other than operation. In 1923 53·0% of those referred for operation duly received such in the year. In 1922 41·4% and in 1921 only 27·4%. This is very satisfactory and constitutes a full justification for the excellent arrangements made with several hospitals as detailed later, and perhaps also reflects a growing confidence on the part of the parents.

(*d*) **Tuberculosis.** The amount of definite pulmonary tuberculosis found in school children at medical inspection is small. Eight only were recorded at the inspections this year. It must be remembered that definite cases already diagnosed and under treatment may not come under our purview. Suspected Pulmonary Tuberculosis was returned in 43 cases. These cases are referred to the Tuberculosis Officer and kept under his observation at the Dispensaries or admitted to the Sanatoria.

Non-Pulmonary Tuberculosis was found in 38 cases (23 in 1922, 24 in 1921, 50 in 1920). The majority of these were cases of tubercular glands of the neck, the remainder being joint affections, often requiring hospital or sanatorium treatment. At the end of the year there had been nine such cases receiving treatment in our Sanatorium.

(*e*) **Skin Diseases.** These are far more common in the schools than is revealed by the figures for Medical Inspection, owing to the long intervals between each inspection. Impetigo is constantly appearing over the county and Medical Inspection returns only reveal a fraction of the incidence.

The Clinics are dealing with Impetigo, Ringworm, Seborrhoea Capitis, Pityriasis and Scabies fairly constantly.

Ringworm is again rather prevalent. After the war, for a time, we saw little of it, but there is now an exacerbation in several districts. Owing to the length of time taken to

cure ringworm, other than by the X-ray treatment, which is not available in this county, it is not customary to exclude the cases from school so long as the lesion is so situated as to be capable of occlusion by a washable cap or covering. Loss of attendance due to this disease is therefore infinitesimal. This arrangement is not wholly satisfactory, but it is sounder in practice than it appears in theory, and such cases do not seem to disseminate the disease to a serious extent. 142 cases were found at the head inspections as against 167 in 1922.

(*f*) **External Eye Disease.** 49 cases requiring treatment were found at the medical inspections. Blepharitis in varying degrees is the commonest minor disease of the external eye found in school children. Severe cases obtain treatment readily, but slight conditions are generally neglected from year to year and regarded as "natural," yet much inefficiency and discomfort are caused by this condition.

This is one of the diseases in which School Clinics are most serviceable, as the teacher can generally assure attendance, but treatment on one day a week does not suffice, and it is highly desirable that the clinics should be available for such cases on at least three days a week (as is done at Lawn House Clinic, Sutton-in-Ashfield).

Infectious eye disease has not been reported.

(*g*) **Vision.** 1,004 children were found with defective vision of such a degree as to require refraction by the oculists. 1,078 were actually so examined (957 in 1922), of these 74 were re-examinations.

(*h*) **Ear Disease and Defective Hearing.** The number of these cases referred for treatment was 79; 46 with ear discharge, 16 with wax in ears, and 17 with defective hearing from other causes.

The condition of discharging ears is a severe one, calling for prolonged careful treatment. Perseverance is the essence of success here, and this faculty is so often lacking in parents that the treatment of these cases in the county is far from satisfactory. Time and again treatment is begun, but results

are slow and improvement imperceptible. The parent wearies, faith flags, and treatment is stopped.

The suffering child is sent off to school with a bung of foul cotton wool in its ear, to be a source of offence to the olfactory senses of its neighbours and to the patience of its teachers. Perhaps this condition appeals for frequently available clinic treatment more than any other. It is soon a "crippling" defect, injury being permanent, or at best it remains a bugbear to the patient and at worst a danger to life itself.

(*i*) **Dental Defects.** Medical inspection reveals a serious condition of the teeth in most districts. Here and there are found schools the scholars of which show a quite extraordinary superiority in this respect. Perhaps here is scope for interesting investigation. I am at a loss to account for it and have not been able to satisfy myself that it is due to any hygienic hyperactivity in the school.

It is uphill work to try to get Dental Treatment for children under eight years of age otherwise than through our own Dental Officers and even they only treat some 30%. There is rooted prejudice against treatment of the first teeth, and if the parents statements are reliable not a few "Dentists" discourage such interference. *Medical interest in dental efficiency must be maintained, for to expect sound health with unsound teeth is to conjoin antitheses.*

(*j*) **Crippling Defects.** Eighty-six cases were found, of which 12 required treatment, and the remainder were either noted to be kept under observation, as already receiving treatment, or were no longer in need of it. Included in this group are defects due to Rickets, Infantile Paralysis, Tuberculosis (spine and joints), but not those cases shown included in Table III as suffering from severe heart disease.

6. **Infectious Disease.** Thirty-eight schools have been closed during the year owing to infectious illness. Measles was the causative infection in the majority (14), with small-pox next (12), the remainder of the closures being divided between Whooping Cough, Influenza, Chicken Pox, Diphtheria (one only) and more than one disease (5). The following table gives the details of period closed.

TABLE V.—SCHOOL CLOSURES.

Disease	No of Schools closed.	Number of days closed	Average Number of days closed.	Closed by Local M.O.H.	Closed by School M O.
Whooping Cough	3	53	17·7	2	1
Chickenpox	1	9	9	1	–
Influenza	1	5	5	–	1
Mumps	1	20	20	1	–
Colds, etc.	1	8	8	–	1
Diphtheria	1	10	10	1	–
Measles	14	177·5	12·6	11	3
Smallpox	12	133	11·1	12	–
More than one disease	4	76	19	3	1

Twelve schools were closed at Hucknall on account of Small-pox, but eight of these were only closed for eight days. Small-pox also occurred at Kirkby-in-Ashfield, but only at the former place was school closure resorted to. No case of Small-pox has been found at Medical inspection, nor has a case been found by the School Medical Officers actually attending school. Schools in Small-pox infected districts have been rigorously watched and the school medical department has acted in close co-operation with the Public Health Department and with Local Medical Officers of Health, whilst Head Teachers, Class Teachers, Nurses and Attendance Officers have maintained a constant watch for the appearance of suspicious symptoms or rash. In view of the large numbers of children known to be unvaccinated at the beginning of these outbreaks it is perhaps remarkable that, even with the concentrated efforts of all concerned, the schools should have completely escaped Small-pox in epidemic form.

The epidemics generally have been mild and it is interesting to note that with the single exception of Hucknall, all closures have been in rural or semi-rural districts. Influenza has not been epidemic to any extent in 1923, but there were outbreaks at Laneham and Flintham in the late winter and early spring respectively.

The question of the period of convalescence and absence from school allowed in cases of Measles or Whooping Cough, complicated by Broncho-Pneumonia deserves consideration. These are cases which are liable to become infected with Tuberculosis. It is authoritatively stated that in every case of Measles with Broncho-Pneumonia there is enlargement of the glands at the root of the lung, a condition of Tracheo-bronchial-

adenopathy. Longer periods of convalescence should undoubtedly be granted in these cases, and it would be well if they were not pressed to attend school until certified fit by a Medical Officer.

7. **Following up.** It is trite to state that a policy of Medical Inspection which reveals defects without ensuring treatment as far as possible, is bad economy. "Following up" in its widest possible sense is therefore essential to the full justification of monies spent on pure inspection. This wide interpretation must include, beyond mere home visiting, the extension wherever possible of facilities for treatment and means for overcoming the many obstacles met with at this stage. It must be made easy to get defects remedied, financial difficulties (often real) must be met, and practical assistance provided.

In this broad sense the work is organised in this county.

When a defect is found the parent, if present, is informed and advised as to the best means of obtaining treatment. A written notice confirming the verbal information is despatched also. Records of the cases having defects are filed at the Central Office and the Nurses are given full details of each such case arising in their respective districts. Visits are then made to the home by the Nurse at suitable intervals, until the defect is remedied or under suitable treatment. Those cases not dealt with in the year are carried forward to the next year and not lost sight of. All children found to require treatment at a Medical Inspection are brought up again for examination at the next Medical Inspection so that the School Medical Officer can again exert his influence towards obtaining treatment or, if treatment has been obtained, ascertain that the result is satisfactory. The records of the case made at the first inspection are in front of the Medical Officer at each subsequent inspection.

To facilitate the obtaining of treatment for enlarged tonsils and adenoids arrangements have been made with several hospitals (details under subsequent head of "Treatment") for operations at a cost to the parents of only half-a-crown, to include one night's stay in the hospital.

To facilitate rectification of eye defects the School Oculists travel to many suitable centres scattered over the county. Appointments are made at centres as convenient for parents as possible, to avoid the cost of long journeys. In exceptional cases of real necessity the whole or part of the cost of spectacles is remitted.

Clinic treatment is free, but a collecting box is available for the receipt of contributions from parents. During the year the sum of £2 9s. 7d. was received from this source.

Dental treatment is given at a nominal registration fee of one shilling.

There remain many classes of case requiring treatment whom we often cannot assist at present. There is no doubt that much treatment remains neglected owing mainly to the cost involved, whether of the railway fare to hospitals or of the doctor's fees.

Another class of case is the one requiring extra nourishment, milk, cod liver oil, etc., special boots, or appliances, and these often go wanting for sheer inability to bear the cost.

This hiatus in our scheme might well be filled by a system of "Care Committees," or as I would prefer to call them, "Aid Committees."

We do not want many kindly disposed persons visiting the homes on purely medical following up matters, but a scheme of "Aid Committees," a central influential body with district committees or representatives whose business it was to earn and administer funds would indeed find plenty of scope for their activities. Railway fares, surgical boots, spectacles, special treatment, hospital recommendations, convalescent home tickets, are a few of the many comparatively costly aids to recovery which such Aid Committees could disburse. Public funds can only be spent on such reliefs after a rigorous and most personal investigation, and then it is only the very few who can benefit.

Such an organisation working in close co-operation with our doctors and nurses, clinics and welfare centres would become a very real force in assisting the practical work of "Following-up."

The Chief Medical Officer to the Board writes:—"I am doubtful if the local authorities appreciate at its proper value the immense services of these voluntary agencies engaged in "Following-up" the school child in need of public assistance, guidance and counsel in respect of its physical condition. Their service is absolutely invaluable, and it is warmly appreciated by countless families in their time of domestic anxiety and distress."

The figures for defects found in the year and the percentage receiving treatment are shown in the following table, excluding the figures resulting from Dental Inspection, Table 4 (6).

The following numbers of home visits have been made by the nursing staff in connection with the conditions named:—Defects found at medical inspection (excluding those specified separately hereunder) 3,241.

Defects of Vision	3,053
Pediculosis	1,986
Ringworm	183
Scabies	52

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1923.

GROUP I. MINOR AILMENTS. TREATMENT TABLE.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)
SKIN:—			
Ringworm—Scalp	94	9	103
Ringworm—Body	4	4	8
Scabies	5	13	18
Impetigo	298	12	310
Other Skin Disease	51	12	63
MINOR EYE DEFECTS (external and other but excluding cases falling in Group II).	96	12	108
MINOR EAR DEFECTS	105	56	161
MISCELLANEOUS (*e.g.* minor injuries, bruises, sores, chilblains, etc.)...	641	4	645
TOTAL	1294	122	1416

TABLE IV. GROUP 6.—NUMBER OF DEFECTS TREATED DURING 1923.

Disease or Defect.	Referred for Treatment 1923.	Referred for Treatment 1922.	Total.	Treated.			Percentage of Defects Treated.
				Under Local Education Authority's Scheme.	Otherwise.	Total.	
Minor Ailments	75	9	84	4	62	66	78.5
Visual Defects	1004	134	1138	868	15	883	77.5
Defects of Nose and Throat ...	320	53	373	63	104	167	44·7
Teeth	214	28	242	44	16	60	24·7
Ear Diseases	79	15	94	6	56	62	65·9
Heart and Circulation ...	11	1	12	...	9	9	75·0
Lungs	26	5	31	8	16	24	77·4
Other Defects or Diseases ...	75	19	94	...	63	63	67·0
	1804	264	2068	993	341	1334	64·5

8. **Medical Treatment:—**

(*a*) **Minor Ailments.** In the few districts where there are School clinics, minor ailments are there dealt with whether arising out of Medical Inspection or not, but large numbers are out of reach of such facilities, and must either go to Hospital (involving travelling expenses) or to their own Doctor (involving payment which frequently deters).

Large centres of population such as Hucknall, Eastwood and the colliery population around it, Mansfield Woodhouse, Kirkby, all need treatment centres (not by any means necessarily on a big scale) and it is certain that such, if provided, would be used and appreciated by the local population to their undoubted gain.

Our Clinics at Sutton-in-Ashfield and Carlton are working at full capacity. At Worksop a Clinic has recently been opened (5th October, 1923) in the premises of the Worksop U.D.C. Infant Welfare Centre under the charge of Dr. Seacome.

The Southwell Clinic was closed on March 31st owing to the need for the work to be transferred to more populous districts.

The premises used for the Sutton and Carlton Clinics are as described last year.

The Sutton Clinic is open on Monday, Wednesday and Friday mornings for minor ailments, Dr. Fearle Pinson attending on Friday morning assisted by Nurse Creasey, the Nurse in Charge; whilst on Monday and Wednesday the Nurse only is in attendance for repeat dressings, etc.

Carlton Clinic is open on Thursday mornings only, when a Doctor and Nurse are in attendance.

As soon as it is possible to arrange for the necessary staff, this Clinic should be open at least three times a week so that treatment may be consecutive and thorough.

This applies particularly to cases of infectious skin disease and discharging ears, as I have shown elsewhere.

Attendances at Clinics were as follows:—
Sutton.—580 children made 3,651 attendances on three days a week.

Carlton.—538 children made 1,627 attendances on one day a week.

Worksop.—72 children made 154 attendances on one day a week. (Open for three months only).

Southwell.—104 children made 254 attendances on one day a week. (Open for three months only.)

Sutton Clinic shows an increase of 211 children and 799 attendances, and will certainly expand further as its functioning cannot yet be considered to be stabilised.

Carlton, on the other hand, is old established, and has probably determined a more or less basic attendance figure for the present number of sessions per week.

Distance from the clinic appears to be a large factor in controlling attendances. Thus at Carlton the preponderating attendances are from the near by Carlton Council and Church of England Schools.

The quota from Netherfield is comparatively small though the distance cannot be considered excessive; however, the distance increases the amount of school time lost, and doubtless this is a factor.

Parents attend well at the clinics, and there is a strong growing tendency to use the clinics as consulting centres.

It would appear highly undesirable to refuse the necessary complete examinations called for by this class of attendance, yet the tax on the Medical Officer's time and energy is serious.

Though an indication of a satisfactory parental solicitude for the child, yet this is not the work for which minor ailment clinics were devised.

(*b*) **Tonsils and Adenoids.** 135 cases were treated by operation, including 42 cases carried over from the year 1922, leaving 93 operations on cases arising during the year.

Of these 135 cases 63 were treated under the Authorities Scheme, the large number of 50 being dealt with at the Mansfield Hospital.

The Newark Hospital operated on 4, Retford 3 and Worksop 6.

In all, 315 cases were referred for treatment in the year, but only 42·8% received operation. This is, however, a very much better percentage than that shown last year, 27·9%.

The arrangements arrived at with the Mansfield, Newark, Retford and Worksop Hospitals are still in force.

Your Committee bears by far the greater portion of the cost of this most important surgical treatment, the parents contributing a nominal sum of half-a-crown.

The increasing use of the facilities afforded justifies your expenditure.

The operations are well performed, and parents are definitely appreciative.

TABLE IV. GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total Number Treated. (5)
63	72	135	32	167

(*c*) **Tuberculosis.** All cases of active or suspected Tuberculosis in any form are referred to the Tuberculosis Officer at the nearest Dispensary. Few fail to avail themselves of this expert advice and treatment facilities.

Such cases as are unfit to travel are visited by the Tuberculosis Officer at their homes and all cases are regularly followed up by the Tuberculosis Visitors (or the School Nurses until such times as the case is definitely in touch with the Tuberculosis Department).

22 children received Institutional Treatment in the Ransom Sanatorium for Pulmonary or Glandular Tuberculosis and 9 for Surgical Tuberculosis. Two others received treatment at other Institutions. 47 were referred to and examined by the Tuberculosis Officer and reports furnished.

(*d*) **Skin Diseases.** A good deal of school attendance is lost owing to Impetigo, so that its efficient treatment is a matter of some concern.

Some 300 such cases were treated at the clinics *only* during the year. Taking the attendances of these children at the average of three, 900 half-days at school are lost or spoilt by clinic attendance only, and a large portion of these have to be definitely excluded from school for periods of from one to three weeks.

All cases of skin disease are referred to clinics where possible, or to hospital or private doctor. Nurses visit and explain the significance of the diseases and, where practicable, demonstrate treatment.

(*e & g*) **External Diseases of the Eye, Ear Disease and Defective Hearing.** Where possible these are also attended to at the clinics, but many cases of ear disease and defective hearing are referred to specialists at the hospitals.

Apart from travelling difficulties these are troublesome cases to get properly treated owing to both the length of the necessary treatment and the lack of full appreciation of the parents of their significance. 269 such cases were dealt with during the period.

(*f*) **Defects of Vision.** Defective eyesight was found in 1,004 children, 7·4% *of all children examined.* Of these 734 were examined by the School Oculists, and 14 by private doctors, leaving 256 not examined in the period, owing to parental objection in some cases, but in a large portion owing to their being discovered towards the end of the year, so that their treatment will come into next year's figures.

The total number of eye examinations made by the School Oculists reaches the figures of 1,078 (including cases carried over from 1922), 121 more than last year, and of these, 818, or 75·88, required spectacles.

Of these 818 nearly half (358) actually obtained their glasses in the year, and many of the remainder who were tested in the last few weeks of the year will duly acquire spectacles.

Last year (1922) 957 children were examined by the Oculists; of these 617 were cases arising in the year, 441 required glasses and 221 obtained them in the period.

The procedure for eye examination is unchanged. Dr. Fearle Pinson, Dr. McGregor (since her appointment in June, 1923) and myself carrying out these specialist duties, whilst Dr. Holmes continues to act as Oculist to the Newark Borough Education Committee (having examined 23 cases in the period). He has also acted in a consulting capacity for cases of unusual difficulty referred to him by the Assistant Medical Officers.

Whenever possible the eye examinations are held in centres readily accessible to the parents concerned, the Medical Officer even travelling as much as 80 miles to see 20 cases in as many as 10 scattered villages in one day. If this were not done many of these important defects would remain untreated.

Although the accommodation for this work is often most rudimentary yet the results are good and complaints rare.

Parents are increasingly willing to submit their children to eye examination but the question of cost often delays the actual purchase of glasses.

No accidents, causing damage to the eye to children wearing glasses have come to our notice in this county. This is remarkable and fortunate, for parents are very prone to argue that glasses are not safe for the very young, and the fact that experience negatives hypothesis is valuable, for in many cases the early wearing of glasses is the crux of remedial measures. Messrs. Rowley and Co., Wheeler Gate, Nottingham, remain opticians to your committee. Spectacles of good quality are supplied only after careful and expert measurement of each individual. 164 spectacles have been repaired by this firm during the year. 51 pairs of spectacles have been supplied gratuitously by your committee to necessitous cases and in 33 other cases your committee contributed to the cost, after full and careful scrutiny, at a total expenditure of £27 0s. 0d.

TABLE IV.—GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects Treated as Minor Ailments—Group 1).

Defect or Disease. (1).	Number of Defects Dealt With.			
	Under the Authority's Scheme. (2).	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme. (3).	Otherwise. (4).	Total. (5).
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report).	1,078	12	2	1,092
Other Defect or Disease of the eyes (excluding those recorded in Group 1).	...	1	...	1
TOTAL	1,078	13	2	1,093

TOTAL NUMBER OF CHILDREN FOR WHOM SPECTACLES WERE PRESCRIBED.

(*a*) Under the Authority's Scheme, 818.

(*b*) Otherwise, 4.

TOTAL NUMBER OF CHILDREN WHO OBTAINED OR RECEIVED SPECTACLES.

(*a*) Under the Authority's Scheme, 358.

(*b*) Otherwise, 4.

(*h*) **Dental Defects.** A full report of these defects is given by Dr. Westlake on pages 49-51. It is pleasing to note an improvement in the proportion of cases treated to children examined, but it is ugly to see that of 12,800 inspected, only 3,639 received treatment.

(*i*) **Crippling Defects and Orthopædics.** 12 cases of this nature were referred for treatment in 1923. Hospital treatment is required in most of these cases, and no other facilities were available during the year under review.

The Cripples' Guild is now organising Orthopædic Centres in the County, employing a specialist in Orthopædic Surgery, and it cannot be doubted that when established, this scheme will benefit our school cripples.

9. **Open-air Education.** There are no open-air schools in the County. Open-air classes are held when and where possible in the summer months, but these are not classes of specially selected children, but merely standards taken out of doors in rotation, an excellent procedure but one which does not touch the periphery of the problem of the provision of open-air schools in industrial areas.

In a county area this matter has not the same urgency as it has in congested cities, nor are its difficulties as readily capable of solution.

10. **Physical Training.** Hardly a day goes by in the experience of a School Medical Officer on which he has not occasion to apply, control, or prohibit physical exercises, in one or more cases seen during the day's inspection.

Head Teachers are most anxious for guidance, taking careful notes of the Doctor's recommendations and invariably seeing that they are carried into effect.

Properly graded physical exercises are of the utmost value to the well-being of the growing child. Teachers adequately trained can do much to correct incipient deformity, and the lasting moral benefit of good physical training almost defies overstatement.

11. **Provision of Meals.** No meals have been provided by your committee during 1923.

12. **School Baths.** There are no School Baths in the area, nor any facilities for cleansing children under Part 6 of the Children Act, 1908. In this county area the filthy child is very rare, and the absence of these facilities is not important.

13. **Co-operation of Parents.** The inculcation in the parents of a feeling of confidence in our service is a first principle. This desideratum may now be said to be passing quickly to accomplishment.

Attendance of parents varies with district, but 100% attendance has been encountered.

It is fairly common to hear parents talking together in this strain:—"There was nothing like this when I was a girl, I think its a grand thing!" or more significant—"If our Winnie had only been examined when she was a little one, she'd have been a help to me now instead of half a cripple!"

Defects found will often take a parent by surprise, and tactful explanation is required to convince the parent that the treatment is necessary and the defect not illusory.

This the Medical Officer can do at the Medical Inspection when the parent is present, ten times more forcefully than the most skilled of nurses can subsequently do in the home.

To ensure good attendance the parents' point of view must be prominently considered. They should not be kept waiting, and should be made as comfortable as possible. Continuity of staff is a big factor. The parent likes to feel she is going to meet the doctor she knows and who on his part knows her child.

This principle is put into practice in our organisation. A notice is sent to each parent stating the date, time and place her child has to be examined, and requesting her presence.

To avoid undue waiting the Head Teachers are asked to allot times for each child to attend, and that time is specified on the notice to parent, the schedule being adhered to by the Medical Officers as far as possible.

This entails a good deal of clerical work for the Head Teachers, but it is clearly worth while and demonstrably appreciated.

14. **Co-operation of Teachers.**

The continuity of benefit derived from Medical Inspection is dependent to a very large degree on the maintained interest and example of the teachers in the inter-inspection periods. The influence of the Medical Officer is fleeting, that of the teacher is quotidian.

The teachers maintain a real interest in the work, and their voluntary following-up activities are often thorough and effective.

Many appreciate their power to influence the wavering parent and spare nothing to this end.

We owe all much, to many incalculably much, and having particularised this far, there can be nothing but good in pointing out that just a few could do more; here and there interest plays truant, or sympathies flag.

15. **Co-operation of Attendance Officers.** I have dealt with this subject under the heading of Co-ordination earlier in the report.

16. **Co-operation with Voluntary Bodies.** The arrangements with hospitals have been noted.

In addition must be acknowledged ready help by the N.S.P.C.C. in cases of neglect, and the Cripples' Guild, which is now actively developing orthopædic centres in the county.

17. **Blind, Deaf, Defective and Epileptic Children.** Two deaf children (one boy one girl) and one blind girl have been sent to special schools during the year.

The following children are also maintained in special schools, 7 blind, 31 totally deaf or deaf and dumb, 35 mentally defective, and 2 epileptics.

There are a large number of children who, according to the provisions of Part V of the Education Act, 1921, require accommodation in special schools. Table III shows these classified.

At present many of these children are attending elementary schools, whilst the worst cases have to be excluded and are attending no school.

Table III shows 121 children as attending no school or institution, the greater part of these being tubercular, and many unfit for even an open-air day school.

It is a difficult matter to find institutional accommodation for crippled children. Institutions can pick their cases and will reject this one because it does not require surgical interference, that one because it has a discharging wound which requires dressings, or yet another because it is troublesome in its habits or temper.

The plain feature of the problem seems to be a definite lack of accommodation for such cases throughout the country.

18. **Nursery Schools.** There are no such Schools in this County. I have discussed this matter under the same heading earlier in the report.

19. **Secondary Schools.** The Medical Inspection of Secondary Schools has been continued and extended.

The following schools were visited.

	Children Inspected.
West Bridgford County Secondary	36
Sutton Pupil Teachers' Centre	44
Retford County High School for Girls ...	22
Newark Magnus Grammar School	137
Brincliffe County Secondary School	89
Mansfield, Brunt's School	96
Hucknall County Secondary School	104
	528

These schools were inspected once in the year, the number examined being nearly twice that accomplished last year.

The justification for this work is clearly shown by the 181 defects found in the 528 children examined as tabled hereunder:—

Heart Disease, Organic	8
,, ,, Functional	9
Anæmia	17
Tachycardia	3
Nervous Debility	17
Tonsils enlarged	37
Tonsils and Adenoids enlarged ...	3
Adenoids enlarged	1
Nasal Polypus	1
Deflected Septum	1
Goitre	15
Defective Vision	33
Blepharitis	3
Keratitis	1
Conjunctivitis	2
Skin Diseases	9

Hernia	2
Enlarged Cervical Glands	2
Albuminuria	1
Bronchitis	5
Slight Deformity	11
	181

20. **Continuation Schools.** There are no day continuation schools in the county.

21. **Employment of Children and Young Persons.** 290 children were examined for Employment Medical Certificates, an excess of 72 over last years figures. In one case only was the certificate withheld.

Since the commencement of these examinations only a very few children have had to be rejected as medically unfit for the employment suggested.

I have only come across one case in which a boy was being seriously exploited, so far as it is possible to ascertain such facts.

These children can earn from 3/6 to 5/– a week, and if suitably employed under supervised restrictions, as they are in this county, they seem to take no harm, and it cannot be denied that in many cases the extra 5/- is a factor to their well-being.

22. **Special Enquiries.** No special enquiries have been undertaken by the Assistant School Medical Officers during the year.

23. **Miscellaneous Work.** The medical examination of candidates for entry into the teaching profession is a responsible and important duty. Your Medical Officers realise how much depends on the accuracy of this work, and how much may be gained in efficiency by selecting fit candidates.

Two hundred and ninety Pupil Teachers, Intending Teachers, Bursars and Pupil Teacher Scholarship Holders have been examined, 201 being girls.

The physical defects sufficient to disqualify candidates for the teaching profession were discussed in January, 1923, at the Medical Department of the Board of Education, and the decisions then reached have formed the basis of rejection.

Candidates are classed in three groups:—

A. Candidates with no defects.

B. Candidates with one or more remedial defects.

C. Candidates with defects of a serious nature, including those not vaccinated.

Group A are passed fit; B are advised as to treatment and re-examined later, when, if defect is remedied, they are passed into group A. The majority of candidates in Group C are permanently rejected, except the non-vaccinated who have no other defect.

These are informed that they can only be accepted when satisfactorily vaccinated, they are then re-examined and categorised A or B, according to fitness. Those of this Group C not definitely rejected are kept under observation and subsequently re-examined.

Results of First Examination.

			Girls.		Boys.
A	...	82	52	...	30
B	...	99	71	...	28
C	...	109	78	...	31

The Non-vaccinated cases in Group C numbered 66, all of whom were subsequently efficiently vaccinated. 15 were then found fit for A, 45 for B, and 49 remained in C.

Results of Final Examination.

A.	97	33·4 per cent.	(41·6 per cent. in 1922).
B.	144	49 6 per cent.	(57·2 per cent. in 1922).
C.	49	16·8 per cent.	(1·1 per cent. in 1922).

Owing to the more rigorous standards used, it will be noticed that the percentage of group A candidates shows a big fall, with corresponding rise in Group B, whilst the total rejections have risen from 1·1% to 16·8%.

This is clear gain to economy, though individuals suffer undoubtedly yet the profession of teaching and the public manifestly obtain a credit balance.

In only 10 girls was the hair found unclean (3·4%), last year 4·5%, and in 1921 7·9%.

It is insisted that no candidate is allowed to take up her new work until her hair is thoroughly clean and she understands the abhorrence with which this condition is regarded.

The percentage of candidates with good teeth has risen from 34·2% in 1922 to 59·3% in 1923 (27·9% in 1921), 172 candidates being reported having no dental defects, 27 (9·3%) had 4 or more teeth carious. A high standard is enforced in this respect and defects must be remedied before acceptance is possible.

Defect of vision was present in 51 girls and 12 boys. 59 were referred to an oculist and 4 were already wearing suitable glasses.

Dr. Holmes examined 38 of the former and 4 other special cases.

The defects were as follows :—

Low Myopia	13
Myopia with Astigmatism	6
Hypermetropia with Astigmatism ...	2
Hypermetropic Astigmatism ...	10
High Hypermetropia	1
High Hypermetropia with Astigmatism	1
Hypermetropia	9

Enlarged Tonsils were found in 27 girls and 5 boys, but in 26 cases the condition was slight.

One girl and 3 boys had adenoids, but in no case was the condition severe.

TABLE OF PERCENTAGE OF DEFECTS.

Defective Sight. Per Cent.	Enlarged Tonsils Per Cent.	Adenoids. Per Cent.	Anæmia. Per Cent.	Malnutrition. Per Cent.	Enlarged Cervical Glands. Per Cent.
21·72	11·03	1·37	4·13	1·03	2·75

TABLE OF PERCENTAGE OF DEFECTS (Continued).

Flat Feet. Per Cent.	Albuminuria. Per Cent.	Valvular Disease of Heart. Per Cent.	Goitre. Per Cent.	4 or more Carious Teeth. Per Cent.
3·79	0·68	1·03	7·93	9·31

A parent was present in 42·10% of the cases examined.

Miscellaneous Examinations. 6 caretakers, 2 Teachers and 20 Supplementary Teachers were examined during the year.

Mental Deficiency. The special school for feeble-minded boys, maintained by your Committee at Hopwell Hall, has been fully utilised. There is now a staff of two male teachers, the Head Teacher being certificated, and both having special experience in this branch of teaching.

As opportunity arises those boys still remaining, who were sent to Hopwell Hall by outside Authorities, are being replaced by Nottinghamshire boys. There are now (31st December, 1923) six of these boys still resident.

In order to record progress, if any, it is being arranged to test each boy annually by the Stanford Revision Mental Tests. For this purpose I visit the school once a month.

There has been a tendency in the past to send boys of too low a grade to this school, who are incapable of receiving educational benefit. Even these boys undoubtedly benefit by improvement in manners, deportment, cleanliness, self care and general social characteristics, but their educational attainments are almost *nil.*

If these are blocking the way for boys more educable, then it is clear that a higher standard of selection is desirable in the future.

The whole problem is tangled in the extreme. The boy showing most promise educationally is perhaps, by the perverse nature of things, handicapped by some powerful moral defect which defies our efforts, so that when he reaches the age of 16 he is mentally equipped to make some fight for himself, yet morally he calls for strict supervision and cannot, in the interest of the State, be given his liberty.

Our obligation would seem to be to give these unfortunates every chance, and if we fail to equip them for even a modified citizenship, then to shield them carefully for life from their many dangers, in their own interest and for the public weal.

In this county the Mentally Defective Girl has, so far, no such institution to help her.

It is beyond contradiction that the problem here is definitely more challenging than that of the Mentally Defective Boy. Hopwell Hall was handed over to the County Council on the condition that it was

still utilised for mentally defective children as before, else surely must the Mentally Defective Girl have received priority. Nineteen girls were discovered at Medical Inspections in the county in 1923 only, and it must be remembered that it is the worst cases which are brought to our notice.

Dr. Holmes, Dr. Fearle Pinson and myself are recognised by the Board as Certifying Medical Officers for the purposes of the Mental Deficiency Act.

Eight boys and one girl were certified during the year, two of the boys being certified as merely dull and backward. Eight boys were sent to Hopwell Hall during the year. One imbecile was certified and notified to the Local Control Authority.

A good deal of difficulty is still experienced in obtaining parental sanction for the admission of these children to special schools.

The problem is infinitely human and calls for the greatest understanding and sympathy.

Pathetic enquiry comes from the mother as to whether her child will be classed with children whose minds are definitely "wanting," with idiots, or in a place "like an asylum."

Countering this is the almost unexceptional experience which we have of expressions of gratitude once the child is admitted and the parent sees the obvious improvement in its deportment and well-being.

Dissemination of information concerning the condition of mental abnormality and the creation of a non-morbid public outlook on this problem are points of propaganda deserving the attention of all interested in educational work, so that as time passes the public may consider the State as much delinquent in not caring for Mental Defectives as it would should the State neglect consumptives.

The Dull and Backward Child. These are the potential unemployables, the future delinquents, and to a very great degree they can be *prevented* if tackled early enough and in the right way.

In this county we are still producing these children, and the problem, as your committee well realises, is one calling for early solution. Of organised special classes there are none, of locally extemporised special classes but a few.

At a minimum, 10% of the school children in the London area are dull and backward, according to the statistical evidence. This yields nearly 5,000 such children in this county, and 600,000 in England and Wales, if we assume that the same proportion prevails outside London.

This assumption is justified as it is generally held that the London school child has a slightly superior mentality.

Under present methods generally speaking the backward child is doomed as soon as discovered. It cannot maintain the pace in the Infant classes. The teacher soon realises, and to the best of her ability tries to give the child extra attention but in classes of 50 or 60 this is little enough.

Let us follow the child. At seven years old it is in Infant Class I, put up class by class, not by mental adequacy but by age and growth. At eight it is too big for the Infant class and passes to standard I and now the struggle is over; it is ever being compelled to attempt a scale of attainment it is incapable of appreciating, interest is gone, competition hopeless, the teacher despairing, it becomes the acknowledged dullard of its class at all stages. Age but adds to its difficulties, and at thirteen years we find it floundering in Standard III or IV minus knowledge, minus self-respect, an inevitable unskilled in life's hazardous competition.

Thus is a mind capable of a useful amount of training, a character often capable of full development, allowed to lapse into sullen failure.

I am drawing the gloomier side of the picture. I offer no withdrawal. The problem is largely soluble and demands solution.

The first step is early ascertainment. The earlier the child is treated at the level of its mental capacity the better will be its progress. No insuperable difficulty stands in the way here.

Teachers with any experience would select our cases sufficiently well. Odd cases would be classed backward who subsequently proved normal, but they would suffer nothing. Ideally, the cases should be selected by scientific mental tests, but that perfection can well wait whilst a start is made on lines which are more feasible.

Any scheme to deal with the cases so selected must primarily be cheap. Special schools are not required, are not even desirable.

Special classes held in the ordinary schools, of not more than 20, are the most suitable. The more the child is kept in the ordinary school environment the better. The onset of the fatal "sense of inferiority" must be avoided.

Specially trained teachers with special classes segregated for academic work only, but otherwise joining fully in the school routine, games, play, exercises, have been found to give good results, the backward scholar competing on terms of equality with his fellows in everything but class work.

Fresh air accommodation, proper feeding and satisfactory home conditions are important accessory features, but beginnings may well be made on the lines suggested without entailing expenditure on costly open-air buildings.

In county Durham and elsewhere a scheme which promises well is being tried in which each class is graded into three grades, with promotion from grade to grade as ability indicates. This would appear particularly useful in those schools too small to support a special class and it has the advantage of not calling for any extra accommodation. The competitive element is retained and degradation avoided.

"The nation is not only losing every year by misdirection of money expended upon the education of these children, it is losing still more heavily by their subsequent incapacity in industry or by their delinquency."

This is a Medical as well as an Educational problem and therefore is inside the scope of this report. 40% of backward as distinct from dull children owe their retardation to *Non* mental factors, ill-health, bad home condititions, physical defects, and these children benefit mentally in some proportion as the adverse factors can be removed or alleviated.

Sir George Newman writes:—"The principles which should guide any educational change are— (1) The need for schooling under the best health conditions, open-air facilities, adequate feeding, exercise, rest. (2) The need for a proper understanding of the mentally debilitated child which shall reach his mind and fortify it adequately—and this means individual, intelligent and practical teaching."

And "The immediate necessity is that every Local Education Authority should consider this problem, which now exists in their schools."

I have to call attention to another duty which must be carried out fully. This is the examination and certification of all Mentally Defective children, irrespective of whether accommodation is available for them in Special schools or not.

The only machinery by which control is obtained over such children after sixteen years of age is our certification whilst below that age, or on reaching it. If such a child is overlooked whilst of school age he automatically evades the control of the Local Control Authority and is at large, a burden and a menace, generally speaking, unless he is "cruelly treated, delinquent or abandoned."

Concisely "It cannot come under any other jurisdiction, until the Education Authority have taken steps to put it under such jurisdiction."

This obligation must be admitted and the necessary certifications carried out as cases are brought to notice.

A. C. TIBBITS.

DENTAL REPORT FOR 1923.

Table 4, Group 4, gives the figures for the year.

The number inspected has decreased by 2,775, and the number treated has increased by 464. The character of the work performed is shown by the number of fillings carried out, and here there has been a large increase of 1,207. This increase is chiefly due to Mr. G. H. Brigham's painstaking efforts.

Mr. Brigham reports that the work in the Kirkby area has been very successful, particularly at the East Kirkby Infants and Chapel Street Mixed Schools.

It has been noticed that there has been an increase in the number of applications for treatment from most of the schools, and our thanks are due to the teachers for their continued interest.

Dr. R. F. Pinson has again been responsible for the administration of general anæsthetics.

There has been a change in the Dental Nursing Staff, in August Miss A. A. Brown resigned on account of her approaching marriage, and Miss G. Smith was appointed in September.

Owing to the largely increased number of re-inspections and of those who apply for treatment, neither of the school dental officers has found it possible to complete within twelve months the circuit of schools previously visited. The time occupied has extended to sixteen months.

It is important that the children are seen regularly every six to twelve months, and in order to assist in the saving of time, it is proposed to alter the scheme of inspections by omitting those who refuse treatment twice in succession. This will reduce a little the time spent in the inspections of the boys' and girls' departments.

The inspection and treatment of those holding scholarships at the Secondary Schools occupies from four to six weeks every year. For the primary cases in this group, i.e., those who are seen for the first time, a large amount of work is usually required. These special inspections of a few scholars attending the Secondary Schools should automatically cease two years hence, inasmuch as each scholarship holder will then have had the opportunity for dental treatment while attending the primary schools. These weeks—generally in April and May—at present given to the Secondary Schools will then be available for the Primary Schools.

It is estimated that in 1926, in the schools visited by the dental surgeons, the age groups 6—14 will have been inspected and an opportunity afforded for treatment. Thus it will be more necessary than ever to find the time in which these additional age groups can be seen, aiming as we do to see them once in every twelve months.

B. B. WESTLAKE.

Table IV. Group 4.—Dental Defects.

1. Number of Children who were—

(a) Inspected by the Dentist:

Aged 5	... ...	—		
,, 6	... ...	2,604		
,, 7	... ...	2,186		
,, 8	... ...	2,333		
,, 9	... ...	2,159		
,, 10	... ...	1,860	... ... Total	12,321
,, 11	... ...	820		
,, 12	... ...	267		
,, 13	... ...	80		
,, 14	... ...	12		
	Specials	... ...		479
		Grand Total ...		12,800

(b) Found to require treatment 9,869

(c) Actually treated 3,639

(d) Re-treated during the year as the result of periodical examination 2,060

2. Half-days devoted to { Inspection ... ... 180 / Treatment ... ... 710 } Total 890

3. Attendances made by Children for treatment 3,816

4. Fillings ... { Permanent Teeth ... ... 3,596 / Temporary Teeth ... ... 306 } Total 3,902

5. Extractions { Permanent Teeth ... ... 574 / Temporary Teeth ... ... 7,657 } Total 8,231

6. Administrations of General Anæsthetics for Extractions ... 88
,, Local ,, ,, ... 2,560

7. Other Operations { Permanent Teeth ... ... 59 / Temporary Teeth ... ... 2 } Total 61

TREATMENT OF DENTAL DEFECTS.

SCHOLARSHIP HOLDERS.

Inspected.	Requiring Treatment.	Treated.	Visits.	Fillings.
414	334	234	272	688

Extractions.		Anaesthetics.		Other Operations.
Permanent.	Temporary.	Local.	General.	
62	19	61	2	28